

Private & Confidential

Motorsport South Africa NPC



Public Liability CLAIMS PROCEDURE MANUAL

For the Period

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Prepared
by
Econorisk Corporate Solutions (Pty) Ltd
Authorised Financial Services Provider
FSB Licence No. 39796
Registration No.2009/009959/07



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GENERAL CONTACT DETAILS

CLIENT CONTACT DETAILS

Company Name : Motorsport South Africa NPC

Physical Address : Meersig 1, Constantia Boulevard, Constantia Kloof, Roodepoort

Postal Address : P.O. Box 6677 Weltevreden 1715

Contact Person : Rashaad Monteiro, Claims Administrator

Telephone: +27 (011) 675 2220

Facsimile: +27 (086) 610 4618

e-mail: insurance@motorsport.co.za

BROKER CONTACT DETAILS

Company Name : Econorisk Corporate Solutions (Pty) Ltd

Physical Address : 356 Rivonia Boulevard, Rivonia 2128

Postal Address : P. O. Box 3248, Rivonia 2128

Telephone : +27 (011) 045 8555

Facsimile : +27 (086) 558 0080

FSB/FSP Licence No : 39796

web : www.econorisk.co.za



ECS SERVICE RESPONSIBILITIES

The representatives of Econorisk Corporate Solution (Pty) Ltd {ECS} responsible for the servicing of the Motorsport South Africa NPC insurance portfolio and their applicable contact details are as follows:

General Account Management

Director	:	Brian Prissman
Phone	:	+27 (0) 11 045 8503
Mobile	:	+ 27 (0) 83 266 8375
E-mail	:	brianp@econorisk.co.za

Manager & Account Executive	:	Adam Creswell
Phone	:	+27 (0) 11 045 8532
Mobile	:	+ 27 (0) 79 505 1497
E-mail	:	adamc@econorisk.co.za

Internal Broker	:	Gabby Coetzer
Phone	:	+27 (0) 11 045 8555
Mobile	:	+ 27 (0) 79 036 5744
E-mail	:	gabbyc@econorisk.co.za

Claims and Incident Management

Claims Manager	:	Craig Frazer
Phone	:	+27 (0) 11 045 8541
Mobile	:	+27 (0) 83 303 0323
E-mail	:	craigf@econorisk.co.za

Claims Administrator	:	Mametsi Mahloko
Phone	:	+ 27 (0) 11 045 8549
Mobile	:	+ 27 (0) 78 388 4449
E-mail	:	mametsim@econorisk.co.za

LEGAL LIABILITY CLAIMS PROCEDURE/S

In order to obtain maximum efficiency in the handling and settlement of any potential Public Liability claims **immediate** notification of any claim and / or incidents likely to give rise to a claim must be given to **Rashaad Monteiro** at insurance@motorsport.co.za, who in turn, will be responsible to provide the necessary notification to ECS, as required, and ECS in turn will advise what further action is required / should be taken.

An “**Incident Report Form**” is annexed to this manual.

This incident report form should be completed **by yourselves** (not by a third party) in respect of incident or circumstances that could result in a Public Liability claim, and then, faxed or e-mailed to **Rashaad Monteiro** at **Motorsport South Africa** insurance@motorsport.co.za **immediately** when you become aware of an incident, and he in turn, will be responsible to provide the necessary notification to ECS, as required.

In all policies of insurance there are conditions which must be adhered to before claims can be admitted, but in terms of liability claims, **emphasis must be placed on:**

- (i) **Never** admit responsibility for any accident causing injury or damage to third parties, **even if it is obvious that you were to blame**. Refer all correspondence, letters of demand and summonses received throughout the entire claims process to **ECS** via **Rashaad Monteiro** at **Motorsport South Africa** insurance@motorsport.co.za immediately and **unanswered**. No matter what the circumstances are of any claim Motorsport South Africa, its associated bodies and/or representatives etc, **are not to admit that they are at fault or admit liability**, in any way shape or form whatsoever.
- (ii) **ALL** potential public liability losses must be reported, regardless of whether these fall within any deductible / excess or not.
- (iii) The **Motorsport South Africa** Liability placement carries the following first amount payable / deductible / excess in respect of:

General Public Liability	- R25 000.00 each and every loss
Pollution Liability	- R50 000.00 each and every loss
Products Liability including Defective Workmanship	- R25 000.00 each and every loss
Loss of Documents	- R25 000.00 each and every loss
Care Custody and Control	- R50 000.00 each and every loss
Motor Spinning Activities	- R100 000.00 each and every loss
Spread of Fire	- R100 000.00 each and every loss
Employment Practices Liability	- R100 000.00 each and every loss
Pollution Clean-up Costs	- R100 000.00 each and every loss

It is important for you to understand that these amounts will be deducted from each & every claims submitted and indemnifiable under the policy, and that, claims below the applicable deductible will not be covered and therefore need to be well managed by yourselves.

- (iv) **ALWAYS BE VERY FRANK WHEN ANSWERING QUESTIONS IN THE CLAIM FORMS REGARDING LIABILITY OR BLAME FOR ACCIDENTS.** False or contrived statements serve only to complicate claim settlement procedures.
- (v) The submission of claim forms to ECS is in addition to the initial notification by way of the “incident report” form referred to above and this should be completed within a maximum period of **07 days** of occurrence of the loss or incident.
- (vi) Following a potential liability claim, Insurers have the right to examine the property damaged and this should, therefore, **not be allowed to be disposed of** without authority from ECS or your Insurance Company. You must bear in mind that, following upon a claim, Insurers have the option to repair, replace, reinstate or pay in cash, and then, once the claim has been settled,

salvage generally becomes the property of the Insurers, and should therefore continue to be protected at all times.

- (vii) A basic principle that should never be overlooked is your duty to **minimise any loss** once this has occurred, and the need, therefore, to protect salvage and, in effect, to **act as if you were uninsured**.
- (viii) It should be stressed that delays in notifying claims/losses or submitting supporting information will only serve to prejudice your rights in terms of the policy. Such delays should therefore be avoided at all costs.
- (ix) Advice to the South African Police Services of an incident should be given when it is customary to do so, and obtain the Case Number which should then be incorporated into the claim form / advised to the person handling the claim.
- (x) Additional documentation that may be required by Insurer's in the event of a claim, and if not already provided could consist of the following amongst others:-
 - a) Fully completed and signed Incident Report / Claim Form.
 - b) Competitors & Clerk of the Course Incident Reports
 - c) All correspondence from Third Parties and / or their Legal Representative.
 - d) Affidavits from witnesses (if any).
 - e) Reports, photos, video footage, sketches etc.
 - f) Medical reports

PRACTICAL GUIDELINES FOR LIABILITY CLAIMS

Actions	<p>Do what is necessary to assist i.e. call an ambulance, make the person comfortable etc.</p> <p>Under no circumstances admit liability or indicate that MSA was responsible for the loss, damage or injury even if you think that MSA is responsible.</p>
Information	<p>Information must be as detailed as possible in all circumstances.</p> <p>MSA must complete an Incident Report Form and submit it directly to Rashaad Monteiro at (insurance@motorsport.co.za) in turn will send it on to Craig Frazer / Mametsi Mahloko at ECS.</p> <p>Collect Competitors and Clerk of the Course Incident Reports, Witness statements, photo's, secure video footage, sketches etc. of the incident (as detailed as is possible).</p>
Communication	Exercise care in communications and do not admit liability under any circumstances.
	Do not make any settlements or offers – Insurers first option will in most cases always be to defend an action before volunteering any form of settlement.
	Obtain copies of all relevant documents relating to the incident.

NOTE:

Please note that a mere statement from the Third Party to the circumstances of the incident is not sufficient to lodge a liability claim. Insurers will require a formal letter of demand or a summons from the claimant before a claim can be made.

Claimants (third parties) MUST NOT complete the Incident Report Form

INCIDENT REPORT FORM

TO : Motorsport South Africa NPC
ATTENTION : Rashaad Monteiro – insurance@motorsport.co.za
FROM (Name):
ENTITY/DIVISION:

Date of Incident :

Reported by:

Location of Incident :

How did the Incident Occur :

What was lost or damaged :

Estimated value of loss :

- (i) Own Property : R
- (ii) Third Party Property : R

Where can the damaged property be inspected :

Name & Addresses of Third Party Property Owners :

- (i) _____
- (ii) _____
- (iii) _____

Police details :

- (i) Police Station reported to _____
- (ii) Name of Police Officer _____
- (iii) Police case reference no. _____
- (iv) Date & Time reported _____

Name & Addresses of any Witnesses :

- (i) _____
- (ii) _____

What steps have been taken to prevent similar incident :

Signed: _____ **Date:** _____

NOTE:

- (i) In the event of damage, loss or injury to third party property or persons under no circumstances must you admit liability.
- (ii) Under no circumstances must you sell or dispose of any property, which is the subject of a claim, without prior approval from Insurers.



LEGAL LIABILITY CLAIM FORM



Public Liability Claim Form

Insurer	Name			
	Policy No.			
	Broker / Agent	Econorisk Corporate Solutions (Pty) Ltd		
Insured	Name			
	Cost Centre No. & Division			
	Address & (Day) Tel No.			
	Business or Occupation			
Incident	Date and Time occurred			
	Place where incident			
Witnesses	Name, Address and Tel. No.	1.	2.	
Police	If reported to police, state which station and reference number			
Property Damage	Name and address of owner			
	Description of loss or damage			
Personal Injuries	age of injured persons Name and address and	1.	2.	
	Relationship	Details of injuries		
Relationship	If any person named above is in your service, or your tenant, or related to you, give full details			
Claim	If a claim has been, or is being, made against you, give details and attach any correspondence <u>N.B. Do not reply to correspondence from third party</u>			



Public Liability Claim Form Continued

Description of incident	Describe exactly how the incident occurred			
Declaration	I/We declare that to the best of my/our knowledge the above statement is true.			
	Insured's Signature _____	Capacity _____	Date _____	